PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P99000008329

1. Corporation Name

LAWN TAMER LANDSCAPING, INC.

Principal Place of Business

Mailing Address

64 BETHEL LOOP DELTONA FL 32738-9339 64 BETHEL LOOP DELTONA FL 32738-9339 FILED

03 APR 21 AM 9:31

SECRETARY OF STATE TALLAHASSEE. FLORIDA



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If above addresses are incorrect in any way, line through incorrect information and enter correction below.						01701				
2. New Pri	incipal Office A	Address, If Applicable	3. New Mail	New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 01/25/1999			
Suite, Apt.	#, etc.		Suite, Apt. #,	etc.		5. FEI Number		Ann	olled For	
City & State		<u></u>	City & State				59-3576227			Applicable
					Country	6.		\$8.75 Ad		Fee required
Zip Country			Zip	Zip		CERTIFICATE	CERTIFICATE OF STATUS DESIRED for a Certificate of Statu			of Status
7. Names a	and Street Add	dresses of Each Officer ar	nd/or Director (Flo	rida nonprof	it corporations must list at le	ast 3 directors)				
Title(s)	itle(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
Р	BROWN, RANDALL S			64 BETHEL LOOP CIR			DELTONA FL 32738			
ST	BROWN, JANICE C			64 BETHEL LOOP CIR			DELTONA FL 32738			
									•	
								· · · · · · · · · · · · · · · · · · ·		
	8. Nam	e and Address of Curre	nt Registered Age		Name and Address of New Registered Agent					
BROWN, JANICE 64 BETHEL LOOP CIR. DELTONA FL 32738-9339					Name					İ
					Street Address (Street Address (P.O. Box Number is Not Acceptable)				
					Suite, Apt. #, Etc	C.				
					City	, , ,		State Zip	Code	
10. I, being	appointed the	e registered agent of the a	bove named corp	oration, am f	amiliar with and accept the o	obligations of Secti				
Signature of Registered	of Agent <u> </u>	Jane !	REGISTERED AC	ENT MUST	QUIRED		Date	03		

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03 (407) 322-5799

Daytime Phone #

CR2E

LAWN TAMER LANDSCAPING, INC.



April 8, 2003

DEPARTMENT OF STATE Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Subject: Lawn-Tamer Landscaping, Inc.

Dear Sir/Madam:

As stated in our March 10th letter, we never received the original reinstatement form. When we called and advised what had transpired, we were told not to send the money or form at that time, just a letter explaining our dilemma.

When we did not hear from you, we were called again and were informed by Justin that we should send in our application along with a check for \$300.00, which would cover 2002 and 2003 corporation fees.

Therefore, we are enclosing our Application for Reinstatement along with our check for \$300.00 at this time. If you have any questions, please feel free to contact us at the numbers listed below.

Sincerely.

Janice C. Brown

Secretary/Treasurer

Enclosures: Application for Reinstatement

bruce C. Brown

Check #14067 for \$300.00